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# Voluntary Sterilization: Its Role in Human Betterment\*

IN THIS OPENING session lasting an hour and a half, I am one of six speakers. If the available time is equally partitioned, I have fifteen minutes. I hold it to be a grave discourtesy to other speakers, as well as an embarrassment to the organizers, if one exceeds one's time limit.

What is the role of voluntary sterilization in human betterment? It will certainly be contended at this conference that sterilization has many roles in human betterment; but it *could* be argued, and has by some been argued, that sterilization is more likely to cause human degradation than betterment. The issue turns on what we mean by betterment. I will arbitrarily distinguish four possible meanings of this controversial word.

## 1. Genetic or Eugenic Betterment

First we might mean genetic, eugenic or racial betterment. It was in this sense, I think, that the term was mainly understood in the first two decades of the century. Attention was then given to certain families—or rather widely ramifying connections—in which fertility was abnormally high and in which pauperism, disease, defect and crime were widespread. Massive genealogies were compiled and the financial cost to the community of these connections was estimated. These retrospects were sometimes rounded off with a plausible guess at what the community would have been saved in cash and stress if, aided by sterilization or by other means, the original founder of the ill-fated dynasty had been childless.

These genealogical connections were some-

times contrasted with others which had produced a rich crop of able and distinguished people to whom the community and the nation owed much. It was obvious that humanity could be bettered by the discriminating use on the one hand of the brake or pruning hook, and on the other of the accelerator or fertilizer. There were similar genealogical researches in Britain. We called the two groups problem families and promising families. The former contained people who presented multiple and burdensome social problems. In both our countries compulsion was once held to be necessary as a restraining measure; and at meetings of the London Eugenics Society forty years ago I recall the contention that the use of compulsion was justified by its acceptance in other spheres of life. Education is compulsory. We are all compulsorily—and many think excessively—taxed. We are compulsorily fined for minor offences such as exceeding the speed limit or parking our cars in the wrong places. We are compulsorily conscripted in war time, and even in peace time. We are compulsorily certified and segregated if mental disorders make us dangerous to ourselves or to others. If we commit crimes we may be compulsorily imprisoned or even compulsorily executed. And I might add that if these discussions about the permissible uses of compulsion had been held in Britain after 1948, when the *Children Act* was passed, it might further have been pointed out that children could be compulsorily removed by the local authority from the care of parents who were deemed unfit to look after them.

This exercise of compulsion within the sphere of the family is nearer to our topic: for if compulsion is justified in removing children from the care of “unfit” parents (as such parents

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are called in the Children Act), compulsion might also be beneficently used to prevent "unfit" parents from having more children on behalf of whom similar drastic measures would probably have to be taken at a later date.

Thus, it used to be contended, the principle of compulsion is already widely accepted. What was needed was the recognition of its applicability to people who, by merely reproducing themselves, imposed grave burdens and evils on themselves, their children and the community.

This idea of betterment is, I take it, losing ground everywhere to-day. Yet it presumably underlies the compulsory sterilization laws which, in diminishing force, are applied to sufferers from mental illness and defect in most of your State Institutions.

It may be noted at this point that the ideal of eugenic or genetic *betterment* is applied in a converse sense by a minority who, sharing Professor H. J. Muller's views, see in the judicious use of artificial insemination a means of human betterment.

## 2. Betterment of Health

The idea that humanity can be bettered by improvement in health has always been accepted, and I suppose that this is the way that most members of your association think of betterment. That the health of an overtaxed mother can be preserved by sterilization is proved by the numerous letters expressing thanks and gratitude which most of us have received. Their thanks can be taken to include vicariously the thanks of their already born children who will be spared the deprivations imposed on poor families by a very high fertility.

## 3. Socio-economic Betterment

This kind of betterment seems to me to be new. It is in the minds of the leaders of developing countries where accelerating population growth is stultifying carefully laid plans to raise levels of living. It is the quantitative emphasis which is novel. The benefits and betterments resulting from a well-gearred adjustment of population growth to the growth of resources are diverse. They certainly include considerations of health and nutrition. Indeed, these benefits may be regarded as primary. As we all know, voluntary

sterilization is now being encouraged in India and elsewhere in a socio-economic perspective which, so to speak, transcends the family. I am thinking particularly of the arguments of Mr. Gopalaswami of which I hope that we shall hear more during this conference. Together with other "targets" aimed at in India's third five-year plan, we hear of a sterilization target the attainment of which would bring betterment.

## 4. Moral Betterment

Here we are on controversial ground. It could be argued on the one hand that any measure which preserves and consolidates the family is morally praiseworthy. But on the other hand it can be argued, and is argued by some, that sterilization is intrinsically wrong or morally reprehensible and, in this assessment, it is bracketed with the use of appliance methods of birth control and with abortion. This is an issue about which argument is usually unprofitable. But to those who apply a moral veto, it is, I think, fair to put a question. *At what cost* is the veto to be applied? If it is recognized that an exceedingly rapid growth of population brings deprivations and hardships in its train, and if it is further acknowledged that the morally permissible methods of restraining fertility—such as continence and the rhythm method—are likely to be impracticable in developing countries for some time to come, *what is the price* which opponents, by setting their moral sights so high, would be prepared to see paid (principally by women and children) for the moral frailty of men? The extremist would doubtless answer "any price. You must never pursue good ends by bad means; never compromise with evil." I may say that I understand this view though I don't share it; and I feel sorry for those who are genuinely "agonized" by the predicament. I may mention that in 1954 Pope Pius XII, addressing the participants in a world population conference held in Rome, referred to the world's population problems as "agonizing" or "anguishing": he spoke in French and used the word "*angouassant*".

Yet a seemingly simple solution of this moral dilemma has been advanced. Addressing in 1952 the inaugural meeting of the third international conference of the IPPF in Bombay, Dr. S.

Radhakrishnan, then Vice-President of India, told us that Gandhi "made a distinction between what may be regarded as *ideal* and what is to be regarded as *permissible*." The sights were unfixed, so to speak, and treated as adjustable. Harshness could be tempered and tolerance inculcated if, in relation to the ideal, spheres could be delineated comprising the generally permissible or second best, the occasionally permissible in special circumstances, and the never permissible. Thus, by admitting some flexibility, the agonizing predicament caused by the widespread inability, heavy with prospects of social disaster, to conform with a respected but uncompromisingly formulated ideal, could be relieved.

### Possible Scope of Sterilization

What conclusions can I draw from my review of these four meanings of the word "betterment"?

In my first sense of eugenic betterment, definite conclusions are difficult to draw, for we don't know what stresses the women concerned (for example those sterilized in your State Institutions) were spared by not having more children; nor do we know what sort of children they would have had, nor what sort of lives these children would have led. We are likewise ignorant of whether the community would have suffered or benefitted from their births. A little light might be thrown on these uncertainties by a study of the children already born to the inmates of your state institutions before they were sterilized. But I do not know of any such studies. Privately, I have little doubt that the women themselves benefitted from being spared further pregnancies, and that the community was spared social problems and burdens. Could not your Association promote an investigation of the already born children of a sample of your institutionally-sterilized women and of the later reactions of the women themselves to the operation?

In my second sense of betterment in health, there is I think, little doubt. The question can largely be answered by simple statistics. I recently reviewed the results of nine follow-up inquiries and this was my conclusion: there is a general similarity of results of reported follow-up inquiries of voluntarily sterilized people. A

substantial majority of from 75 per cent upwards report themselves as entirely satisfied; a minority of from 10 to 15 per cent report dissatisfaction not amounting to permanent regret; and a smaller minority, usually under 10 per cent and sometimes much less, express definite regret. The larger the proportion of psychiatric cases in the sample, especially of neurotics and sufferers from hypochondriacal anxiety, the larger are these last two minorities.

In my third sense of socio-economic benefit, it is too soon to venture an answer. The organized practice of sterilization in India, where it is hoped that sterilization may in due course help to curb an excessive fertility, is in a transitional stage. In another ten years Indian demographers and those of other Asian countries who may follow India's example should be able to provide an answer. Hitherto the effect on the birth rate must be negligible. But Colonel Raina will tell us more later. The *least* that can be said is that if a majority of the sterilized people are happy, more good than harm will have been done.

Of betterment in my fourth category, of moral betterment, our view will depend on standpoint. Those who think that it is morally praiseworthy to promote the well-being of the family will take a favourable view if it can be shown that sterilization as now practised in the world consolidates rather than weakens family ties. Those who think that, in the absence of strong medical indications (such, for example, as those which call for prostatectomy in the male and hysterectomy in the female), sterilization is intrinsically evil, will take an opposite view.

I conclude with two remarks. First, may I say that I well know that in many western countries sterilization is widely sought as a convenience. An often well-to-do couple have had as many children as they want; and they wish to be spared the bother—and the slight risk—of using contraception. I have not considered this sizeable group in my paper because I don't really think that its experiences have much bearing on human betterment which is the theme which Mrs. Proskauer Smith assigned to me. The issue is one of convenience rather than of betterment.

Secondly, I am inclined to think that sterilization as we practise it to-day may, from the

standpoint of the historian of the future, appear as an interim measure. If, as I regard as almost certain, oral methods of birth control are perfected—that is to say when they are cheap (as they are not to-day), reliable (as they seemingly are to-day) harmless (as they apparently are to-day) and devoid of occasionally unpleasant side-effects (as they are not to-day)—then I think that the demand for sterilization will dwindle. But no one knows how long we will

have to wait before oral methods of contraception are thus perfected. Intra-uterine devices for preventing conception—if they fulfill current expectations—may likewise diminish the need for sterilization. Until these new methods are perfected my guess is that there will be an increasing demand for voluntary sterilization which must be discriminatingly met. And my belief is that on balance the results will conduce to human betterment.

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